

## Labor Dispute Questionnaire – Claimant

### Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
ID or SSN: \_\_\_\_\_

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

Under Section Code 604 of the Illinois Unemployment Insurance Act, an individual shall be ineligible for benefits for any week, with respect to which it is found that his/her unemployment is due to an interruption of work due to a labor dispute. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to return this document will result in a determination based on the available information.

*If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

### Section A: Labor Dispute Information

Occupation with Employer:

Union Local Number: (if applicable)

Department or Job Site:

Employer Name:

Address 1:

Address 2: (Apt., Floor, Suite, etc.)

City:

State:

Zip Code:

+

Employer Fax Number: ( ) -

Do you work directly for this employer?

Yes

No

*If No, please complete the information below for the Employer who is involved in the Labor Dispute.*

Employer Name:

Address 1:

Address 2: (Apt., Floor, Suite, etc.)

City:

State:

Zip Code:

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Employer Fax Number: ( ) -

Statement of Facts - Please provide detailed information regarding this Labor Dispute.

### Section B: Signature

Signature:

Date:

Name (printed):

Telephone Number: